



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

(CFA-1)

State Form 4604 (R13/9-10)

Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER

1. IS THIS AN AMENDMENT? ☐ No ☐ Yes If Yes, please enter the file number in this box →

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name Anthony	First Name VanBever	Middle Name Lafayette	Nickname	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address 11555 Stoeppelwerth Dr.		5. FAX (Optional)		6. E-mail Address (Optional)	
7. City Indianapolis	State IN	ZIP Code 46229	8. County Marion	9. Telephone (Day) (317) 500-2910	10. Telephone (Evening) (317) 500-2910
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other			12. Office Sought (Include district number, if any. Not required for an exploratory committee.)		

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name Elect Anthony VanBever					
14. Mailing Address <input type="checkbox"/> Check if this is a new address 11555 Stoeppelwerth Dr.		15. FAX (Optional)		16. E-mail Address (Optional)	
17. City Indianapolis	State IN	ZIP Code 46229	18. County Marion	19. Telephone (317) 500-2910	20. Committee Organization Date (MM-DD-YY) 02-02-16
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson <input checked="" type="checkbox"/> Check if this is a new chairperson Lisa Reyna VanBever					
22. Mailing Address <input type="checkbox"/> Check if this is a new address 11555 Stoeppelwerth Dr.		23. FAX (Optional)		24. E-mail Address (Optional)	
25. City Indianapolis	State IN	ZIP Code 46229	26. County Marion	27. Telephone (Day) (317) 500-3336	28. Telephone (Evening)
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) Indiana Members					
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)			31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.		Person Appointed Treasurer Anthony VanBever	Signature of the Committee Chairperson Lisa VanBever		
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer <input checked="" type="checkbox"/> Check if this is a new treasurer Anthony Lafayette VanBever					
34. Mailing Address <input type="checkbox"/> Check if this is a new address 11555 Stoeppelwerth Dr.		35. FAX (Optional)		36. E-mail Address (Optional)	
37. City Indianapolis	State IN	ZIP Code 46229	38. County Marion	39. Telephone (Day) (317) 500-2910	40. Telephone (Evening) (317) 500-2910

SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).	Signature of Person Accepting Appointment
--	---

SECTION E. CERTIFICATION OF STATEMENT

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson Lisa VanBever	Signature of Chairperson Lisa VanBever	Date (MM-DD-YY) 2-2-16
43. Typed or Printed Name of Candidate Anthony VanBever	Signature of Candidate Anthony VanBever	Date (MM-DD-YY) 02-02-16

Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).

FOR OFFICE USE ONLY

Myra A. Eldridge

FEB 04 2016

FILED